

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE						
						APPLICANT(S)								
<b>CLAIMS</b>														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		
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TOTAL IND.	2		↓			↓			↓					
TOTAL DEP.	8		←			←			←					
TOTAL CLAIMS	10													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS